

FILED JUN 13 1957

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH

a. COUNTY

Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)

Blue Tap

Inside Limits

Yes ☐ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

Pines Retirement

Length of stay in 1b

3 Weeks

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Jackson

c. CITY

OR
TOWN

Independence

Inside Limits

Yes ☒ No ☐d. STREET
ADDRESS

2508 Westport Rd.

Reside on Farm

Yes ☐ No ☐

3. NAME OF DECEASED

(Type or print)

First Home

Middle

Last

AUGUSTA

KLAUSMEIER

4. DATE

OF
DEATH

Month

June

Day

Year

5 1957

5. SEX

Female

6. COLOR OR RACE

White

7. MARRIED

NEVER MARRIED ☐WIDOWED ☐DIVORCED ☐

8. DATE OF BIRTH

Nov. 20, 1881

9. AGE (In years)

75

10. FUNDER 1 YEAR

Months

IF UNDER 24 HRS.

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

At Home

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Germany

12. CITIZEN OF WHAT COUNTRY?

USA

13a. FATHER'S NAME

Wm. Jahnke

13b. MOTHER'S MAIDEN NAME

Matilda Grober

14. NAME OF HUSBAND OR WIFE

A. H. Klausmeier

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

None

17. INFORMANT

Address

A. H. Klausmeier - 2508 Westport Road

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral Hemorrhage
Cerebral Hemorrhage
Hypertension

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Hypertension

DUE TO (c)

Arterio-sclerosis

331X

INTERVAL BETWEEN ONSET AND DEATH

8 days

5 years

3 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

This was the 3rd Cerebral hemorrhage

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II or item 18.)

20c. TIME OF INJURY

Hour Month, Day, Year
a.m.
p.m.

20d. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,

farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from May 28, 1957 to June 2, 1957. I last saw her alive on June 2, 1957. Death occurred at 12:30 a.m. - 6-5-1957 on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

E. Allen M.D.

22b. ADDRESS

East Natl Bank

22c. DATE SIGNED

6-5-57

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

6/7/1957

23c. NAME OF CEMETERY OR CREMATORY

Mt. Moriah

23d. LOCATION (City, town, or county)

Kansas City, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Stine & McClure - Kansas City, Mo.

25. DATE RECD. BY LOCAL REG.

6-6-57

26. REGISTRAR'S SIGNATURE

James L. Craig

(Licensed Embalmer's Statement on Reverse Side)

JUN 13 1951

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *W. H. Noyesinger*

Licensed Embalmer No. *393*

P. O. Address *707*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.